

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
8:30 AM, Thursday October 14, 2010**

The Governor's Council on Behavioral Health met at 8:30 AM. on Thursday October 14, 2010 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Chairperson Richard Leclerc, Lynda Bryan, Reed Cosper, Stephanie Culhane, Sandra DelSesto, Elizabeth Earls, Jim Gillen, Bruce Long, Ann Mulready

Ex-Officio Members Present: Craig Stenning, Denise Achin, Fred Friedman, Sharon Kernan, Colleen Polselli

Guests: Susan Babin, Christina Battista, Susan Lyons, SSG Stephanie Riotte, Vivian Weisman

MHRH Staff: Charles Williams, Corinna Roy, Louise Blanchette

Richard Leclerc opened the meeting. He asked if there were any actions on the minutes of September 15, 2010. Motion made by Elizabeth Earls to accept minutes, seconded by Stephanie Culhane. Lynda Bryan said that she was appreciative of the way her comments concerning the health concerns for students and sharing that information with teachers were written. She also remarked that she felt that behind every successful student there was a successful teacher. Richard asked if there were any other comments. Denise Achin said that on page 6 under the Transitional Youth Subcommittee, the description of the proposed meeting on 10/4 for Shared Youth Vision and PEP is incorrect, PEP should be PPEP (Pediatric Practice Enhancement Project) which is a program out of the Department of Health. and that the group's next meeting is on 11/5. Rich called for a vote on acceptance of the minutes. Minutes were approved as amended.

**Transitional Youth Subcommittee.....Denise Achin**

Denise reported that the next meeting of the Transitional Youth Subcommittee is November 5 from 1-3 PM in Barry Hall's Conference Room 126. She said that one of the items discussed at their September meeting was to have an informational meeting on October 4 to get additional members on the Shared Youth Vision group. That meeting was postponed to October 21 at 10:30 AM at the Department of Labor and Training. Denise said that she will forward a flyer about this to Corinna for distribution to council members. She said there was nothing new to report because they have not held a meeting since the council's last meeting.

Richard thanked Denise Achin and moved on to Christina Battista with the Cross Disabilities Coalition.

**Cross Disabilities Coalition.....Christina Battista**

Christina Battista introduced herself and said that she was employed by the Rhode Island Development Disabilities Council. She said that she was asked, in September, 2009, to assist the Developmental Disabilities Council in helping with the creation of the Cross Disabilities Coalition. She said that the council wanted to establish some type of group where individuals who had developmental, physical disabilities or any other disabilities could meet in an informal way to learn from one another, share information and talk about opportunities for partnerships in local communities as well as encourage leadership. She continued that Rhode Island is a very small state

and too often we hear about the bad things that are going on rather than the good things such as all of the programs that individuals with disabilities can utilize. She said that they came together and created a mission statement which reads, "To bring together people with various types of disabilities from different organizations and groups in Rhode Island." Christina said that everyone has strengths and the group wanted to show those to people and to stress that people with a disability can be involved in the community. She also said that they wanted to have the voices of individuals with disabilities in public policy and have state agencies know the group as well. The group meets once per month and talks about hot topics and has identified some of the major issues within the group.

She asked the council to look at the handout and said that they would see the four areas that were identified. She spoke of each area identified. One area was better job opportunities; people know that they can work if they choose to, but some people including employers have low expectations for people with disabilities. She said that sometimes people feel that they can be a liability more than a help and that this stigma needs to be removed. She also said that information about the Medicaid Buy-In, also known as the Sherlock Plan, needs to be expanded in order for people to access medical benefits. Christina said that very often in their meetings she will hear people worry that if they go to work they will lose their SSI or SSDI so the group feels that some of the ORS (Office of Rehabilitation Services) counselors as well RIPPA need to inform people that they may not lose their benefits if they fall within certain criteria. She then discussed "PASS" which is for people who own their own small business or enter the workforce without jeopardizing their SSI or their SSDI. She also said that people like to volunteer and there are opportunities there for development.

Christina next spoke of another priority area, better transportation. She said that unlike many, she was fortunate to have a personal care assistant. She said the group had a presentation by Bill Enlow during which he talked about the RIPTA RIDE Program which provided valuable information. She said that some people discussed the fact that perhaps the group could have a stipend or book PASS plan where people could buy passes at the beginning of the month for the RIDE Bus Programs. Also discussed was the fact that people with disabilities need to be at RIPTA hearings. She also said that buses and lifts need to be in better working order and more accessible options are needed overall for transportation.

A third priority area is to explore how people with disabilities can get represented on various state policy committees and workgroups and at rallies. She stressed that it is very important to make people's voices heard. She said that many people with disabilities do not know how to advocate for themselves so the group has decided to try to train them via workshops. The group also needs to have the state see the importance of ADA.

The last priority area Christina spoke about was the need to establish an individual development account (IDA). Rhode Island is the only state that does not have an IDA which allows a person with a disability to put money aside for housing or employment and this money would not affect their SSI or SSDI.

The last area talked about was safe, affordable housing and the need for more Section 8 vouchers as waiting lists are very long. She said more homeowner vouchers are also needed and perhaps more rehab of potential housing units. The community agencies do some of this with abandoned properties and at this time there are many abandoned properties in RI that could be worked on.

She said there are currently 15-20 people who attend the group's meetings which are held once per month. And that they are always looking to expand the coalition and love to hear new ideas. Their website is [http://www.riddc.org/cross\\_disability/index.html](http://www.riddc.org/cross_disability/index.html)

Stephanie Culhane commented that two things that were written in the handout about lobbying the legislature are really key: talking to legislators about your needs and getting on talk radio; there is an awful stigma out there about people with disabilities being "on the dime," lazy, etc. and on talk radio there are many candidates who are taking aim at people who are on SSI and on disability. Christina thanked Stephanie and said pointed out that campaigns rarely have people with disabilities helping them.

Sandra DelSesto said that she wanted to let people know that they are reconvening the Persons with Disabilities and Addiction Recovery Task Force. She said that their first initiative is working with people at BHDDH and the community provider network to do cross training. She said that she has put in a request that the Drug and Alcohol Treatment Association repeat that two-day training. She said that the clinical resource team still meets and they are hoping to get some pilot money from BHDDH so that they can continue the project and evaluate it. She said that Tim Flynn, the chairperson of the Governor's Commission on Disabilities, is going to come to this meeting and she said that she would send this information to Christina.

Sandra also said that her group has an elderly coalition that is collaborating with the RI Elderly Coalition. She said that her group's goal is to identify an additional initiative that they could champion for persons with disabilities and the Cross Disabilities Coalition seems to be exactly what they have been thinking about. She said their next meeting is 11/3 from 2-4PM in the Forman Center.

Christina concluded by stating that the group is comprised of persons representing many different groups including the National Alliance on Mental Illness, the Brain Injury Association of Rhode Island, the Personal Choice Program and others. She also thanked the Council for letting present on behalf of the Cross Disability Coalition and said that her contact information was on the last page of the handout.

**RI National Guard Prevention Program.....Staff Sergeant Stephanie Riotte**  
Sergeant Riotte began by discussing handouts she provided on the National Guard Prevention Programs. She said that the Alcohol and Substance Abuse Prevention Treatment Outreach Program falls under the Counterdrug Program and within the Counterdrug Program the focus is on addiction, education and there is also an office that deals with their substance abuse testing program and finally the office from which she works, the Prevention Treatment Outreach Program. Also, that the Intel Analysts work with different agencies in RI such as DEA, Providence Police Department Division Gang Taskforce, ICE and others.

They have six soldiers and airman who go out into the school systems and teach 5<sup>th</sup> and 6<sup>th</sup> graders on drug demand reduction, life skills, how to deal with bullies as well as some leadership skills. The Stay on Track Program is a 15 week course for 6<sup>th</sup> graders and this year the plan is to teach 1,300 students in the Cranston and Warwick area of RI. The Brainstorm Program is a one week program in which airman and soldiers go into schools for a week and the current estimate of students touched by the program is 2,000 students in ten cities and towns. She said that there are also summer camps, day camp, overnight camp, day to day summer camps which are run out of

Caritas House, Corkery House and others, a high ropes course that addresses self-esteem, building leadership and peer to peer interaction.

Next she spoke of the Prevention Treatment Outreach Program; the program was started in October, 2007 and RI received its funding in May, 2008. She said that she has tried to get out into the communities with the intent of finding out what substance abuse and mental health agencies provide, the level of care they provide, if they accept the insurance that many of the national guard personnel have which is Tri-Care. To date this has been her focus solely because RI has one of the highest drug rates within the National Guard and is also the number one multiple deployment states in the country per capita and have been since the beginning of this war. She said that they deployed 300 field artillery men and women a couple of weeks ago and between now and March, 2011, they will be marching approximately 800 more soldiers and airmen and that for most of them this is their second, third or fourth one year deployment. She noted that they are facing major issues at this time with self medication, either with alcohol and prescription drugs for most of re-deploying soldiers and the finding is that most of the younger soldiers 18-24 that may not have deployed are testing drug positive with marijuana and cocaine. She said the priority at this time is on prevention. She said that every National Guard service member receives 2-4 hours of prevention education. She continued that they have been pretty good at doing this although it is difficult to get out into these units on a weekend drill with all the other requirements that the soldiers have..

She said that they are currently in the process of developing a program similar to a Military 101 which is a basic military education for student assistance teachers, regular teachers, civilian clinicians and at this time the first training is scheduled to be in February after school vacation and CEU's will be attached to that training. There are many children from military families that are in the school systems and teachers may not know how to identify children from military families who may be acting out, going to the nurse with frequent stomach aches, etc. Depending on the demand for the course she said that she is willing to teach it as often as she has to.

She said that they would also like to develop a campaign which is called, No Wrong Door, which would be for all of their military agencies but also for the ATR providers because the new ATR grant has been further amended to include all uninsured National Guardsmen and their families. She is hoping they can develop a symbol, sticker or sign that is located on businesses such as private providers, clinicians, hospitals, emergency rooms etc. showing that there is no wrong door to enter into treatment. She continued that due to stigma many soldiers choose not to reach out for the assistance that they may need. She said that they are trying to change that but that it is difficult when you have soldiers and airmen who are full of pride and not accustomed to stepping up and asking for help.

Stephanie said that she currently has 22 service members on her caseload but that this number fluctuates depending upon what kind of rehab they have to go to. She said that statistics from October 1, 2009 to September 30, 2010 that there were 43 drug positives in the RI Guard, but that she only has 22 on her caseload due in part to the fact that the National Guard Air Force has a zero tolerance policy so if a soldier were to come up positive on a drug test. These individuals are not offered any counseling at this time. She said that attempts are being made to change that and that she met with the leadership at the Air Guard three weeks ago and they are interested in offering them some type of rehab and resources prior to walking them out the gate. She said that this policy may sound harsh but as these airmen are working on airplanes as mechanics and loading heavy equipment the Air Guard has to take a firm stance. She said that most of the drug positives are from the lower enlisted ranks, usually very young soldiers and most of the abuse is marijuana and

cocaine. She said that most of the DAMPs (amphetamine use) go to a military medical review and if they have a legal prescription they do not enter the program; however, they are finding a good number of returning service members do not have prescriptions and thus are treated as drug positive. She said that RI leads the country with 12.5% of all persons 12 or older using an illicit drug in the past month and the young members of RI's National Guard are reflective of this rate.

She said that the National Guard realizes that if military families are not taken care of, the soldiers down range can't really focus on their mission due to worry about what is going on at home. Therefore there is a big push at this time to support the military families and get the local communities involved. She said that when someone is on active duty they often live on a military base where everyone knows what you are going through and social services are available at the base. She said that she was deployed to Iraq for 15 months and when she returned home she had two days of medical testing after which she was paid and told "see you in three months." The returning soldier/airman does not have to attend drills or anything else National Guard related which is confusing for the returning soldier. Currently, there is a program called the Yellow Ribbon Campaign, and at the 30 day, 60 day and 90 day mark, and all soldiers are required to come through and receive some life skills, communication, skill management, anger management classes and substance abuse clinicians, financial aid counselors and employment counselors are on hand. She said this program is working although it is a slow process but that they are having a difficult time getting the families in.

She said that besides that they have a wonderful Family Assistance Center staffed with a director of psychological help, a military family life consultant, a military youth life consultant, a financial counselor and other folks who are there to support military families and the soldiers and airmen themselves.

She said that the National Guard is aware that soldiers/airmen are also going out into the community seeking services from civilian clinicians and that they want to better educate those clinicians on PTSD, Traumatic Brain Injuries and other things you might expect when someone comes home with a hyper-vigilance and the adrenaline rush they are seeking and that domestic violence, divorce, etc. are on a rise within their ranks.

Vivian Weisman said that some council members had attended a conference on the military child and she asked if there was any linkage between this program and the National Guard Program. SSG Riotte replied that she thought the military child conference was done by the family assistance center and the National Guard's director of psychological help and the military family life consultant. Elizabeth Earls said that she has heard there was some follow up to that conference going on. SSG Riotte said that she can inquire about this and get information back to the group.

Sandra DelSesto reported that they have a small amount of funding to do another forum and it will be on 1/14/11 from 8:30AM to 12:00PM, unless the group decides that it should be an all day event. She said that she is going to form a small planning committee for this forum which will meet no more than three times. Dr. Bob Swift from the VA will be the keynote speaker and then either a panel or break out sessions and that this would be decided by the planning committee. She asked council members to save the date for this forum and said that the specific focus of the forum can be determined by the committee.

Stephanie Culhane asked if there were any ramifications for a soldier to say he has a problem and needs treatment and if they screen to identify individuals who have substance abuse issues. SSG

Riotte said that there can be ramifications but most would receive an honorable discharge and they would be brought to treatment. She said that there were some drugs and substances that the National Guard cannot allow its soldiers to use. If it is one of the lower level drugs and they self-refer they can still go to drill and they attend a treatment program and after one year, if they are successful they are on the same footing as any other soldier/airman. She said that they have many soldiers who are trying to get off opioids and are going to saboxin or methadone and they cannot allow soldiers to be using them for a number of reasons one of which is that they are not in the National Guard's formulary when down range and training soldiers to deploy. As far as the recruiting process she said that this is a bone of contention because between 2004 and 2008 the National Guard needed more bodies to fight the war and unfortunately that is when the government said that it would lower its standards such as using waivers for past law enforcement convictions and previous substance abuse charges in order to get the number of people needed. She said that these are the young soldiers who take 80% of the National Guard's Prevention Program's time but account for only 2% of the population. She said that the standards have been brought up but that they will be feeling the repercussions of the time when the standards were lowered.

Denise Achin asked if there were targeted communities for prevention with higher percentages of military families. Stephanie said that Warwick, Pawtucket, Providence and Woonsocket typically have the highest ratings and a project is being put together with their Intel Analysts to see how the Route 95 drug corridor affects the communities that border it. She said as far as the DDR (Drug Demand Reduction) people, approval needs to be granted for them to enter the school systems and that some of the school systems will not allow these people in.

Denise Achin asked if there was any opportunity to work with leadership people within school such as school psychologists and social workers in terms of getting information to them.

Sandra DelSesto said the Department of Education has a grant called the "Bridge Grant," to assist school districts in transitioning from the Safe and Drug Free Schools Program and RI was one of 38 states that received it. The Bridge Grant's focus is to assist school districts in the transition and look at how to sustain some of the efforts that were supported under Safe and Drug Free School. She said that the institute will be working with the Department of Education to host a conference for school leadership on issues related to substance abuse and violence in the schools and that the conference may take place in April. She said that while listening to SSG Riotte it occurred to her that one of the workshops could be on the different high risk families in the community including kids in military families.

Bruce Long commented that SSG Riotte has said that 12.5% of the people over age 12 have used a drug within the last month. He asked if, of the soldiers returning from deployment, the rate was higher than that. She said that they had not seen an increase in the percentage of drug positives in returning soldiers but that alcohol and prescription drugs are primarily what they are using.

Sandra DelSesto spoke about a military training that she presented at where she had to remove all references to alcohol from a PowerPoint presentation because alcohol is a legal substance and speaking about it was prohibited. There was discussion of the problem with alcohol being present at many military and other meetings and conferences and the problem with alcohol abuse and how it was treated differently than drug abuse by the military and society.

Stephanie Culhane asked if it was a federal or state mentality that alcohol is allowed on bases yet could not be mentioned at military substance abuse conferences. Craig Stenning said that this was

an issue that has been struggled with for the last 20 years. He said that up until the present Director, it was a federal mandate that you could not discuss alcohol if you were under one of their grants. The war on drugs also does not mention alcohol and back in the early years when drug use was separated from alcohol use we had separate associations for each.

**Retention of insurance when parents lose custody.....Sharon Kernan**

Sharon Kernan said that DHS is moving forward with the initiative called Reunification Support System to help parents who lose custody of their children maintain their Medicaid coverage. She reported that there was a meeting this week of the people who represent the various stakeholders to determine how to make these people legally eligible in the InRhodes System. It will be reviewed in two to three weeks. The group will meet again at that time and then it needs to be reviewed by the agencies involved and approved after which it goes into the "queue." She said the delay is all about InRhodes which is the Medicaid eligibility system (a computerized system that allows the claim service to recognize that someone is eligible for claims to be paid). Under the Cost Not Otherwise Matchable (CNOM) provision under the global waiver we have the authority to allow these folks to become eligible. She said that it does not appear it could happen before late winter or early spring due to all of the steps it must go through.

Liz Earls asked if these people would be eligible for the full Rite Care Benefit or is there going to be some limit. Sharon said that these people will be eligible for the full Medicaid benefit which most likely would be Rite Care. She said that the current plan is that they would be eligible for three months after which their status in terms of participation in treatment and working towards reunification would be reviewed and they could be extended for an additional three months. She said the way it is currently done is that these people are not eligible for Medicaid but DCYF is paying state funds only for them to get treatment and also giving them some cash assistance. Other group members expressed denial of the statement, reported that this was not accurate and that DCYF only pays for urine screen

Vivian Weisman asked Sharon how many people who are in the system are working toward the process of reunification each month. Sharon said that she did not have an answer to the question but that she felt the workgroup people would know that.

Bruce Long asked Sharon how long this movement/process has been going on. Sharon said that the answer could be years or months depending on how you look at it. Sandra DelSesto said that it first came up in 1988, 1998 was when it was an interdepartmental decision that it should happen and that this funding should occur but since then it has been sitting for about 12 years. Bruce Long said that he has spent many years in government and what he has observed is that when leadership wants something to happen it does. He said that this subject had not been on his radar screen but now he has been hearing about it on a monthly basis and now we are hearing that it is really moving but not to expect anything before late winter or early spring. Sharon countered that she wished she had better news and felt it was terrible that things take so long but that she does not have a way to make it happen any faster. She replied that if leadership were to move this ahead of other initiatives than it would be saying that this was more important and she did not know where it stood in the queue. Bruce said that the reason he said this is because the people who suffer with drug addiction seem to pay a much higher price for their behaviors than others.

Craig Stenning responded that the queue is extremely long when you are creating a new benefit, a new rate, a new code and the system has to be reprogrammed but in this case all we are doing is saying people who have already had this benefit have an extension. He questioned why this had to

be in the queue. Sharon responded that this was because they have to create the system logic for a new characteristic because these people are automatically closed when they lose the custody of their children.

Rich asked who controls the queue. Craig said that Medicaid controlled this cue. Richard said that the council could send a letter in support of this project but would this push another project that is important to the group aside. Sandra DelSesto said that she had heard in the past week that there were 17 initiatives in the queue but was not sure where this initiative stood although the commitment from Gary Alexander was that this would be done by the end of the calendar year. Sandra said that her concern is that with a new election the players who are in place now may not be there with the new governor and as has happened in the past this could get lost again with the change in Directors.

Rich said that it does not end when it exits the queue but must go back to a group that reviews it. Richard said that to bring this topic to some conclusion he would call Elena Nicollela to see what can be done about the problem. Stephanie Culhane said that if the group could identify who the champions of this initiative are or who is working on this so that we could go to those people to put it on the record that it is something of importance that needs to be done.

#### **Updates from BHDDH/ROSC.....Craig Stenning**

Craig Stenning said that he was very impressed by the presentation made by Christina Battista and that the four missions that they listed as major issues coincide identically with the four major issues the department is currently involved with in addition to its day to day work. He said that the good news since the last meeting is that the department was successful in receiving an ART 3 Grant which is a \$13,000,000, four year grant, which means it is one year longer and several million dollars more than ART 2. He said that it is ironic that Stephanie was here making the presentation because the department's relationship with National Guard and especially with the work that Stephanie does has been increasing over the past year or so including having the National Guard as a new ATR priority population. The children's foster care system was also added. He said there the ATR grant support recovery with approximately 70% of the vouchers given out in the ATR 2 grant going to recovery services rather than treatment services and he said he expected that this would continue with the new grant as well.

He said that to add to the discussion of veterans, on October 25, Congressman Kennedy will be having a congressional forum here in RI on the issue of veterans in particular. It will address traumatic brain injury, post traumatic stress, and also his desire to look at the development of veterans' courts as a way of diverting individuals out of the criminal justice system. He said the department was excited to be part of this.

Craig said that he had reviewed the recovery oriented system of care report that was done by a subcommittee of this council. He said he reviewed it in some detail and thinks most, if not all of it is doable. He said that he supports the recommendation that the subcommittee or a committee become a permanent advisory committee. He said that he has taken the next step which is to indicate that Rebecca Boss will be his department's point person to implement this plan. Finally, he said that the department submitted a Peer-to-Peer training grant application to the federal government. Charles Williams said that they had incorporated two of the objectives from the ROSC plan into the application for the Peer-to-Peer Program. Craig said that during the week of October 18-22 he and John Young, the former Medicaid Director will be going to a national training on how to incorporate Peer-to-Peer services into the State's Medicaid plan.

He said that they are in the process of allocating funds through the Thresholds Housing Program. He said that a couple of years ago it was expanded beyond mental health to include individuals with developmental disabilities. He said all of the capital money that is allocated to housing is funneled through RI Housing and that it operates as a matching grant in that if there are major housing initiatives that are going to be established for veterans, for the homeless, and other populations by our addition of a few hundred thousand dollars to each of those projects we get three, four, five units of housing within a housing unit that may be 12-14 units established either for people with mental illness or developmental disabilities who are at risk of being homeless. He said that approximately \$800,000 is available for this year and that the applications came to about \$1,300,000. He said that last year they had less money than that and did not allocate all of the money. This year there are more applications than there are funds for but that sometimes that can be worked out depending upon how shovel ready they are.

He said that they are at the end of the first quarter of the budget and are trying to find additional savings to close the existing budget deficit. He said that those instructions may change once the November caseload and revenue estimates come out. He said there are also targets and instructions for the 2012 budget which will be the new governor's budget.

Bruce Long asked about the prevention portion of the Substance Abuse Block Grant. Charles said the Prevention RFP is in the department's internal queue for review by the Department's contract and logistics unit before it go to Purchases, after that we could wait anywhere from two to four weeks before it gets posted. Sandra DelSesto said that she was concerned about the long lag time as she did not remember this happening in the past. Craig said that the Safe and Drug Free Schools procurement also had a long lag time.

Sandra said it was her understanding that with the ATR there is an advisory board to the grant and she wondered if the permanent ROSC committee of the Governor's Council could be an advisory board to the ATR. Charles said that there has been some discussion about asking this council to assume an advisory capacity to the grant but was not sure what the exact structure of that would be without reviewing the proposal. He said that he would look into it and bring the information back to the council at its next meeting. Sandra said that she would also advocate that the subcommittee of this council include a significant number of persons in recovery. Craig said that he wanted to make sure that if they were going to have an advisory Council to the ATR that representative of the recovery community be included.

Bruce Long suggested that a letter be sent to the Senate President's Office talking about the issue of mothers trying to reunify and asking if she could send someone to a council meeting. He said that if that office buys in that this will move. Craig said that he had a meeting with the chief of staff of the senate president and that he would bring it up.

#### **Old/New Business.....Richard Leclerc**

Rich said that under Old and New Business he wanted to thank Ann for being the council's representative on the Peer Review which is October 19 in Florida but that she would be participating via conference call from RI and that Corinna would be at the conference.

Corinna told the group that for the past year she had been the acting Project Director for the Jail Diversion and Trauma Recovery with the Focus on Veterans program that is a SAMHSA grant she co-authored. It is a project that will intersect with the ATR population and some of the training that

both grants will do overlaps. In addition it is a major topic of the Patrick Kennedy forum. She said that she has accepted a position with the state to be the Project Director for this program and thus will no longer be staffing the Governor's Council and is hoping that by the next meeting will be introducing her replacement to you.

Jim Gillen spoke briefly and said that by November's meeting there will be the official opening of Anchor which is the new recovery community center at 247 Main Street in Pawtucket. He said they received the ROSC Grant and that he would go into detail on that at a later time. He said that although it will not be open yet, on November 10 a training will be held there for faith based treatment providers on treatment and recovery strategies.

Meeting adjourned.

Next meeting will be on Tuesday, November 9, 2010, 1:00 PM.